



Last Updated: 03/09/2022

Clarification of BabyCare Claims Process & FAMIS MOMS Eligibility for BabyCare Services

The purpose of this memorandum is to clarify the BabyCare claims process, highlight changes to the BabyCare claims submission process, provide newly revised BabyCare forms to use, and notify providers of the FAMIS MOMS program for BabyCare Services.

PROGRAM SERVICES

Pregnant women who have low income are at high risk of poor birth outcomes and need a variety of services to ensure they have healthy babies and the tools to become good mothers. BabyCare provides pregnant women with the support and services they need through intensive Case Management and Care Coordination. The program aims to improve birth outcomes by ensuring pregnant women and infants up to age two receive all the services they need. BabyCare may be provided through the local health district offices and a small number of private community organizations.

CLAIMS SUBMISSION

BabyCare claims are to be submitted to the Virginia Medicaid Management Information System (VAMMIS) through First Health Services Corporation (FHSC). Up until now, many providers were instructed to send claims directly to Nell Skinner's attention for processing if the claims were older than one year or if providers were experiencing problems with VAMMIS. This is no longer necessary.



MEDICAID MEMO

Medicaid Memo:
Special
September 16,
2005

Page 2

Effective November 1, 2005, follow the billing guidelines below:

Start mailing ALL CMS-1500 (12-90) Claim Forms directly to the following address for processing:

DMAS/First Health

**P.O. Box
27444
Richmond, VA
23261-7444**

- Any claim mailed to Nell Skinner/BabyCare after November 1, 2005, will be returned to the provider to resubmit to DMAS/First Health.
- **ALL claims for risk screens and expanded prenatal services must have a copy of the risk screen attached to the claim and include the following coding in the proper boxes for prompt payment of the claim.** If you are submitting a CMS-1500 (12-90) Claim Form with an attachment, write "ATTACHMENT" in Box 10D and Modifier "22" in Box 24D.
- When billing Care Coordination and mileage together, **the Care Coordination must be listed first on the claim form.** If the mileage appears before the Care Coordination, there will not be



MEDICAID MEMO

a paid Care Coordination claim to match with the mileage claim, and the claim will deny. See the procedure codes below for Care Coordination and mileage:

Service	Procedure Code
Care Coordination Assessment and Service Plan	G9001
Monthly Care Coordination - Maternal	G9002
Monthly Care Coordination - Infant	G9002
Home Visit Travel	A0160

- Make sure claim submissions are fully completed and legible. If the claim reviewer is unable to read the attachment or pertinent information is missing, the claim will pend and the provider will be notified to resubmit a legible and/or complete copy. If a legible and/or complete copy is not provided, the claim will deny.

DMAS regulations require the prompt submission of all claims within 12 months from the date of service. Providers are encouraged to submit billings within 30 days from the

Medicaid Memo:
Special
September 16,
2005

Page 3

last date of service. Federal financial participation is not



MEDICAID MEMO

available for claims, which are not submitted within 12 months from the date of service. Please refer to the "Timely Filing" section in Chapter V of the *Physician Provider Manual* for more details (all Provider Manuals are available online at www.dmas.virginia.gov).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Please remember that you cannot send electronic mail containing patient-identifiable and/or confidential information. DMAS will not respond to these emails if they are received.

You may contact someone about specific participant questions at the phone numbers listed below:

Nell Skinner:	1-804-371-8682
Ashley Barton:	1-804-371-7824
Fax:	1-804-786-5799

BABY CARE FORMS

☐ ☐ Please review the attached revised BabyCare forms and begin using them. Starting on November 1, 2005, any Admission Packet or Outcome Report submitted using the old forms will be mailed back to the provider with a DMAS cover letter requesting that the Admission Packet or Outcome Report be resubmitted with the newest forms. DMAS will no longer accept Admission Packets or Outcome Reports missing the Maternal and Infant Care Coordination (MICC) Record (DMAS-50). As of November 1, 2005, all of the MICC forms will be available at the DMAS website (www.dmas.virginia.gov). Providers may access these forms by following the directions below:

- Go to www.dmas.virginia.gov online.
- Select "Search Forms" from the left-hand column.
- Under the "User" field, select "Provider."



MEDICAID MEMO

- Under the “Category” field, select “MICC.”
- Select “Search.”

FAMIS MOMS

Effective as of August 1, 2005, a new program called FAMIS MOMS [see the July 8, 2005 Medicaid Memo, “[Coverage Changes to the FAMIS Program \(FAMIS MOMS & FAMIS Select\)](#)”

- [Effective August 1, 2005](#),” for more information] provides enrollees the same coverage that pregnant women currently receive from the Virginia Medicaid Program, including BabyCare Services. FAMIS MOMS will use the same systems (fee-for-service and managed care organizations) as Virginia Medicaid. Providers will use the same billing codes and billing procedures as they currently use for services provided to pregnant women covered by Medicaid. All providers who are approved to bill for Medicaid services to pregnant women are also approved to bill for services for FAMIS MOMS enrollees. FAMIS MOMS enrollees will also

Medicaid Memo:
Special
September 16,
2005

Page 4

pay the same co-payments as are charged to Medicaid-enrolled pregnant women. The one major difference between Medicaid and FAMIS MOMS is that once the baby is born, the child will not automatically be enrolled in FAMIS. The mother must apply for the baby’s coverage in the birth month (see the August 19, 2005 Medicaid Memo, “[FAMIS MOMS Enrollees - How to Apply for Newborn Coverage](#),” for more information). An infant born to a mother who is eligible for FAMIS MOMS may be eligible for BabyCare Services if the infant is screened as high risk and is enrolled in Medicaid fee-for-service or FAMIS fee-for-service.



MEDICAID MEMO

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

MEDICAID MEMO

inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.